## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P02000062395

1. Entity Name

MANZELLA BUILDERS & REMODELING, INC.



**FILED** Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90165 018 \*\*\*150.00

Principal Place of 10530 LOGHOUS CLERMONT FL S	SE ROAD	Mailing Address 10530 LOGHOUSE ROAD CLERMONT FL 34711							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 71 - 088 9 3 3	32	Applied For Not Applicable		]
Zip ~	Country	Zip	Country		5. Certificate of Status Desired		<b>\$8.75</b> A Fee Requi	<b>75</b> Additional Required	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current F	Penistered Agent			7. Name and Address of New R	egistered	Agent		7
		registered Agent	Name			- <b>3</b>			1
	, JR., LOUIS D HOUSE ROAD		Street	Street Address (P.O. Box Number is Not Acceptable)					
CLERMONT									]
-			City	10.7	FL Zip Code				
	amed entity submits this statement for as of registered agent.	the purpose of changing its r	egistered office	or registered	agent, or both, in the State of Flo	rida. I am	familiar with	h, and accept	
SIGNATÜRE	gnature, typed or printed name of registered agent ar	nd title it applicable. (NOTE:	Registered Agent signa	ature required w	nen reinstating)	DATE		·	
After N	E NOW!!! FEE IS \$150.00 fay 1, 2003 Fee will be \$550.00 ayable to Florida Department of	State			9. Election Campaign Fir Trust Fund Contributio			.00 May Be ed to Fees	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTO	RS IN 11	1
NAME STREET ADDRESS	D MANZELLA, SR., LOUIS D 10530 LOGHOUSE ROAD CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change		700,047,400,0
TITLE NAME STREET ADDRESS	D MANZELLA, JR., LOUIS D 10530 LOGHOUSE ROAD CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS	D MANZELLA, KIMBERELY A 10530 LOGHOUSE ROAD CLERMONT FL 34711	⊡ Dêiête	NAME STREET ADDRESS CITY-ST-ZIP		management of the second se		Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	e 🔲 Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



Delete

Delete

352-243-6622

☐ Change

☐ Change

☐ Addition

☐ Addition

Affachivient



of material facts.

GREENLEE
KURRAS
RICE &
BROWN, PA
CERTIFIED PUBLIC
ACCOUNTANTS

8662883 Jr P0200062395

C605 Montrose Street Clermont, FL 34711 352-394-3256

\_\_ 627 N. Donnelly Street Mount Dora, FL 32757 352-383-6300

Date 2-11-03
Client MANZEUA BUILDERS
Attached is your:
Soc. Sec. & With. Tax return
Federal Tax Deposit Form
Unemployment Compensation Return
State Sales Tax Return
Uniform Business Report (UBR)
Tangible Personal Property Tax Return
Sign Where Indicated
ATTACH CHECK FOR \$ /50.00 PAYABLE TO: (Include Your Federal Identification Number of Social Security Number on all checks)
United States Treasury Florida Department of Revenue Your Local Bank
Florida U.C. Fund Department of State
Mail on or Before: 4-30-03
Mail To: (We recommend certified with the sender's receipt)
Per Enclosed Envelope
Address on Form
The return was prepared primarily from data furnished to us. Before filing the return, you should

INSTRUCTIONS FOR FILING - DETACH THIS NOTICE BEFORE MAILING

review the information reported thereon to ensure that there are no omissions or misstatements